

PTO/SB/52 (02-01)
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REISSUE APPLICATION DECLARATION BY	THE ASSIGNEE	Docket Number (optional) JAB-1641		
I hereby declare that: My residence and mailing address and citizenship are stated below next to my name.				
JANSEN PHARMACEUTICA N.V.				
and the title of my position with said assignee is: $\frac{Sr \cdot D}{D}$	irector, Head o	f the Patent Department		
The entire title to the patent identified below is vested in	salu assignee.			
Name of Patentee(s): Marc K. J. Francois et al.				
Patent Number	Date of Patent Issued			
5,616,587	April 1, 1997			
Title of Invention AQUEOUS RISPERIDONE FORMULATIONS				
I believe said patentee(s) to be the original, first and solo				
described and claimed in said patent, for which a reissue	e patent is sought on th	e invention entitled		
Aqueous Risperidone Formulations				
the specification of which				
is attached hereto.				
	•	/		
was filed on as reissue app	lication number ——	/		
and was amended on(If applicable)				
I have reviewed and understand the contents of the abo amended by any amendment referred to above.	ve identified specificati	on, including the claims, as		
I acknowledge the duty to disclose information which is	material to patentability	y as defined in 37 CFR 1.56.		
I verily believe the original patent to be wholly or partly in below. (Check all boxes that apply.)				
by reason of a defective specification or drawing.				
by reason of the patentee claiming more or less t	han he had the right to	claim in the patent.		
by reason of other errors.				
At least one error upon which reissue is based is described as follows: The specification does not contain a specific reference to the earlier file				
	The specification does not contain a specific reference to the earlier filled application relied on for priority under 35 USC 120.			
[Attach additional she	eets, if needed.]			
All errors corrected in this reissue application arose with applicant.	nout any deceptive inte	ntion on the part of the		

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REISSUE APPLICATIO	ON DECLARATION BY THE AS	SIGNEE	Docket N JAB-		(Optional)
	g attorney(s) and/or agent(s) to p ates Patent and Trademark Office Registratio 2720	e connected on Number		n and t	transact
MARY A. APPOLLINA	3408	37	<u></u>		
Correspondence Address: Dir	rect all communications about th	ne application	on to:		
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•	/pe Customer Number Here		Labe	l Here	
OR Firm or					
Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			
statements made on informati were made with the knowledg fine and imprisonment, or botl	ments made herein of my own kr ion and belief are believed to be ge that willful false statements an h, under 18 U.S.C. 1001, and the application, any patent issuing the	true; and fund the like seat such willf	urther that th to made are ful false stat	nese sta punish ements	nable by s may
Full name of person signing (FILIP DE CORTE	given name, family name)				
Signature Acot		Date	DE CEMBU	ER S,	aboj
Address of Assignee					
TURN HOOTSEWEG 20 B-	-2340 BELGIUM		•		
Patentee MARC K. J. FRANCOIS			enship LGIUM		
Residence/Mailing Address B-2920-KALMTHOUT,	FOXEMAATSTRAAT	64, BELG	GIUM		
Patentee		Citiz	enship		
WILLY MARIA ALBERT C	CARLO DRIES	BEI	LGIUM		
Residence/Mailing Address B-2330-MERKSPLAS,	MOLENZIJDE 17	BEI	.GIUM		
☐ Additional Patentees are n	named on separately numbered s	sheets attac	hed hereto.		





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REISSUE APPLICATION: CONSENT OF ASSIGNE STATEMENT OF NON-ASSIGNMENT	E; Docket Number (Optional) JAB-1641		
This is part of the application for a reissue patent based on the orig	inal patent identified below.		
Name of Patentee(s) MARC K. J. FRANCOIS and WILLY	M. A. C. DRIES		
Patent Number 5,161,587	Date Patent Issued APRIL 1, 1997		
Title of Invention AQUE OUS RISPERIDONE FORMULATIONS			
1. X Filed herein is a statement under 37 CFR 3.73(b). (Fo	orm PTO/SB/96)		
2. Ownership of the patent is in the inventor(s), and no as	esignment of the patent is in effect.		
One of boxes 1 or 2 above must be checked. If multiple assignees, box 2 is checked, skip the next entry and go directly to "Name of As The written consent of all assignees and inventors owning an undivipatent is included in this application for reissue.	signee".		
The assignee(s) owning an undivided interest in said original patent is/are <u>JANSSEN_PHARMACEUTICA</u> , N.V and the assignee(s) consents to the accompanying application for reissue.			
Name of assignee/inventor (if not assigned)			
3	ate December 3, 2001		
Typed or printed name and title of person signing for assignee (if as FILIP DE CORTE SENIOR DIRECTOR, HEAD OF PATENT DEPARTMENT	signed)		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/96 (08-00)
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OTATEMEN	IT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: JANSSEN PHARMA	CEUTICA, N.V.
Application No /Patent No : 5,616,587	Filed/Issue Date: APRIL 1, 1997
	ULATIONS
	CORPORATION
	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
	, es \
states that it is:	
1. the assignee of the entire right, title, and	interest; or
2. an assignee of less than the entire right, The extent (by, percentage) of its owners	interest; or title and interest. chip interest is% by virtue of either:
in the patent application/patent identified above	by virtue of either:
	e patent application/patent identified above. The assignment t and Trademark Office at Reel <u>8005</u> , Frame <u>0519</u> , or for
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assignee as shown below:	e patent application/patent identified above, to the current
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